

# HEALTHSOUTH VICTIM FORM

## CONTACT INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## HEALTHSOUTH STOCK OR BOND PURCHASE INFORMATION

Date Purchase: \_\_\_\_\_ Number of Shares \_\_\_\_\_ Purchase Price \_\_\_\_\_

## HEALTHSOUTH STOCK OR BOND SALE INFORMATION

Date of Sale: \_\_\_\_\_ Number of Shares: \_\_\_\_\_ Sale Price: \_\_\_\_\_

Details concerning all sources of information relied upon in making a decision to buy/sell HealthSouth stock or bonds, including representations by company officials, stockholder meetings, presentations, company literature, media, or brokers. Do you have any copies, recordings, or other records of such information?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did you hold stocks or bonds at anytime between 8/27/02 and 3/19/03? yes \_\_\_\_\_  
no \_\_\_\_\_

Is the victim an organization or corporation? \_\_\_\_\_

Identify the parent corporation or state that there is no parent corporation. Identify any publicly held corporation that own 10% or more of the victim's stock, or state that there is no such corporation.

\_\_\_\_\_  
\_\_\_\_\_

Loss amount claimed: \_\_\_\_\_

How amount was determined: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Return form to:  
United States Attorney's Office  
Attn: Victim Witness Unit  
1801 4<sup>th</sup> Avenue North

Birmingham, AL 35203